APPROVED FOR RELEASE DATE:

Form FE-6 (10-64) 10-Nov-2008

OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

CLAIM FOR DEATH BENEFITS

READ INSTRUCTIONS BEFORE

4 East 24th Street New York, New York 1601	ŀ	EDERAL EMPLOYE INSURAN			ILLING OUT THIS FORM.
	PART A. GENER	AL INFORMATIO	Y CONCERNIA	IG THE DECEAS	
1. FULL NAME OF THE DECEASED MR. MRS. CARA MISS	(Lost) NCI, John C.	(First) (Mide	Month	BIRTH Day Year 7, 1922	3. DATE OF DEATH Month Day Yo Jul. 14, 1970
4. DEPARTMENT OR AGENCY IN INCLUDING BUREAU OR DIVIS Central Intelligen 8. WAS DECEASED RETIRED ANI NUITY UNDER ANY FEBERAL MENT SYSTEM, INCLUDING O VIVORS INSURANCE (SOCIAL	ce Agency D RECEIVING AN- CIVILIAN RETIRE- LD-AGE AND SUR- SECURITY?	Washington 6. DOMICHE-(Lego	A, D.C. Residence of Time of Rhode Isl ACTIVE DUTY IN THE	f Death—City and State)	_ Month Day Ye
GIVE CLAIM NUMBER,		RANCH OF SERVICE	SERIAL NO.	GRADE C	R RANK ORGANIZATION ATTIME OF DEATH (Regiment, Co., etc.
IF RETIRED, SHOW 1/22	2/70		•		
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Once				□ DEATH ☑	IVORCE Sept. 1964
2. WAS THE DECEASED SUR- VIVED BY ANY CHILDREN? YES NO		And the second s			DIYORCE
	PART C. II	VFORMATION CO	NCERNING T	HE CLAIMANT	
1. YOUR NAME (Last) MR.	(First)	(Middle)	2. YOUR RETHE DEC	ATIONSHIP TO 3. TO 1. TO 1.	YOUR DATE OF BIRTH Month Day Year
	(our	3. FEAGE OF MAI	1000		CLERGYMAN OR JUSTICE OF PEA OTHER (Specify)
	NO] YES	ED AT DEATH, WAS THERE A DIVORC NO
9. IF YOU WERE DIVORCED FRO	M DECEASED, GIVE DATE	AND PLACE OF DIVORC	MENT TION,	GIVING COMPLETE DE	YORCED, ATTACH A SIGNED STATALLS COVERING PERIOD OF SEPARATION AND WI
11. HOW MANY TIMES WERE YOU MARRIED?	12. GIVE NAME OF EACH former marriages)	SPOUSE (Include all	13. HOW WAS (Check one i	MARRIAGE TERMINATED n each case)	? 14. DATE MARRIAGE WAS TE
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(d) Widow or widower;			green to the second sec				
(b) If there is no surviv	ring widow or widower	, list the child c	or children of all the decease	ed's marriages	(including adopted c	nild or illegi	timate
and sideling which class	s it is/ and the descend	ants of any dece	eased child or children;	69	RAV.		
			parents are deceased, so state n (a) through (c), list the ne				
deceased (brothers, sis	ters, descendants of d	eceased brother	s, sisters, etc.).	XT OT KIN WHO	may be capable of	nheriting tro	om the
NAA	AE .	AGE	RELATIONSHIP TO DECEASED		ADDRESS		
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	Mary 19	· ≥,; ·			** ** ** ** ** ** ** ** ** ** ** ** **	4.14	
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	VIL SERVICE COMMISSIC LEMENT 870—1 56-	_109	Federal Em	ployees Group Li	e Insurance Pro	ogram
1. NAME	(Last)	(First)	(Middle)	2(a). DATE OF BIRTH (Mont	h, Day, Year) 2(b). SOCIAL SECUR	RITY ACCOUNT NUMBER
	Caranci	John	c.	Feb 7, 1922		
3. CHECK	THE REASON FOR TE	RMINATING INSURA	ANCE			·
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NOTE: IF EN	MPLOYÉE (A) DIED OR (B)	IS RETIRING OR RECEIV	ING FEDERAL EMPLOYEES	COMPENSATION UNDER CONDITIONS	ENTITLING HIM TO RETAIN HIS	LIFE INSURANCE, ATTACH
				NAL AND ALL COPIES OF SF 56; IF IN		
OR A	UTOMATICALLY BY TRANSF	ER OR PRIOR TERMINATI	ON OF INSURANCE.	to box 4 (b) on (c). It content of	34 13 0112 11111 1113 1101 32234	CARCELLS DI LINI LOILL
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INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - Death.

State Complete Compa

Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.

Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal

Employees' Compensation law, and held unable to return to duty.

Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:

(1) Employee waived or declined on SF 176 (or SF 176-T);

(2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;

(3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.

- 2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- 4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee-

Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.

Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.

If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.

If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.

2. Retirement of employee-

If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]

b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above. **Illustrative Statement**

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance.'

(Employee's signature)

(Address-print or type)

(Date)

- If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
- 3. If employee is receiving compensation benefits-

Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.

Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.

If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.

4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

ual policy is limited. This SF 56 must be e may convert his group life insurance to an inc The time in which an emp completed and delivered ailed to him promptly.